2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
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.200	UNIFORM BUS	DINESS REPU	וחי	(UBN)	_					
DOCU 1. Entity Nam		00007123		•						
MEDITERRANEA, L.C.					FILED					
Dringles Plac	of Business	Mailing Address			OLE	EB 22 AM 10: 3	35			
82 MIRACLE I	ce of Business	82 MIRACLE MILE								
CORAL GABL	···	CORAL GABLES FL 3313	14		TALL	RETARY OF STA AHASSEE FLOR	ŘίĎΑ			
		.a. s ******		,	10,55					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				II AANI PAÇII AAN	) ( <b>4004</b> ) (4044-\$)	1004 (I)( I40)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State	City & State		4. FEI N	lumber	4		pplied For at Applicable	
Zip	Country	Zip	Cour	ntry		ficate of Status Desired	. L F	5.00 Add se Required		
6. Name and Address of Current Registered		nt Registered Agent	Name			7. Name and Address of New Registered Agent				
TERRANC	EF J. MULLIN. P.A.				(D.O. D )	I and a state of the state of t				
TERRANCE J. MULLIN, P.A. 2655 LEJEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134			Street Address (P.O. Box Number is Not Acceptable)							
							FL	Zip Code	э	
0 The share	e named entity submits this statement	for the purpose of changing it	e rogietor	ad office or regi	ctored agent	or both, in the State of Flo		<u> </u>		
<b>6.</b> The above	e named entity submits this statement	to the purpose of changing in	3 içgister	ca omec or regi	atoroa agom,	or both, in the state of the				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if anglicable (NC)	TF: Registere	ed Agent signature rec	uired when reinstat	ing)	DATE			
	Signature, typed or printed name or registered age							•		
*		FILE N Make Check P		FEE IS \$50.0				•		
		Make Check P	ayabie	o peharuner	ii Oi State					
9.		IBERS/MEMBERS	10.			ADDITIONS				
TITLE	AUTOMO GLOIA 2011 PISHEL ISL	☐ Delete	TITL	1			1	☐ Change	Addition	
NAME STREET ADDRESS	2011 PISHEL ISL	NO OL.		EET ADDRESS						
CITY-ST-ZIP	MINNIFL 3310	9	CITY	r-ST-ZIP						
TITLE	PRESIDENT	Delete	ΠΠ					Change	Addition	
NAME STREET ADDRESS	MICHAEL JMAI	210,110	NAM STR	AE EET ADDRESS						
CITY-ST-ZIP	MIAMI, PL 334		CITY	r-St-ZIP						
TITLE		☐ Delete	TITL	-19/2			!	Change	☐ Addition	
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STREET ADDRESS				EET ADDRESS				:		
CITY-ST-ZIP	certify that the information supplied w	ith this filing does not availt :		(-ST-ZIP	n Section 110	07/3\(i) Florida Statutos	I further certif	v that the ir	nformation	
indicated	certify that the information supplied w d on this report is true and accurate al ability company or the receiver or trus	nd that my signature shall have	e the sam	e legal effect as	it made unde	ir oath: that I am a manac	ging member	or manage	r of the	
iirnited lia	ability company or the receiver or trus	tee empowered to execute this	——–	s required by O	napier 000, Fi	, /	/ (	305	")	
SIGNAT	TUDE: 11/2/1/	Minto M	ICHA	PLS. 1	MILLIA	0 2/9/	01 4	45-6	Zon	
SIGNA	SIGNATURE AND TYPED OR PRINTED NAME	E OP SIGNING MANAGING MEMBER, M.	ANAGER, OF	R AUTHORIZED REPI	RESENTATIVE	Date	Day	time Phone #		